BOSTiC summary

The 6th Bristol Oxford Surgical Trials Course (BOSTiC) was held 17th-19th September 2021, following a 1.5-year gap since the previous course due to the Covid19 pandemic. BOSTiC was, once again, delivered by the multi-disciplinary teams of the Bristol and Oxford Trials Units who welcomed course delegates in Bristol at the historic events venue Engineers House.

The course is primarily aimed at surgical trainees who are interested in clinical research, with an emphasis on design and conduct of randomised control trials (RCTs). This year, the BOSTiC was attended by a total of 35 delegates from all over the UK, with the majority being surgical trainees from a wide variety of specialities, but invitations were extended to also welcome Academic Foundation trainees and an academic researcher.

The BOSTiC programme covered an array of principles and methods of designing and conducting a surgical trial. The presenters were carefully selected experts in their field, providing unique and diverse perspectives. A wide range of teaching and delivery methods were used throughout the course to promote engagement and participation such as lectures, tutorials and small group forums. A small number of lectures were delivered virtually with a Q&A. The high-calibre speakers and diversity of teaching style was key to maximising learning outcomes for delegates. This also demonstrated the importance the Bristol and Oxford teams are attributing to BOSTiC and is one indicator of the good quality of the course, distinguishing it from many others.

The spectrum of materials and content covered was immense, truly preparing and motivating delegates to put their newly acquired knowledge and skills into practice:

Day 1 laid the foundations of trial design where delegates learned how to define a robust research question (Prof David Beard) and how to minimise bias in RCT design (Prof Jonathan Cook). The importance of recruitment into trials and techniques to achieving recruitment targets was covered in a presentation and workshop (Dr. Leila Rooshenas, Dr. Marcus Jepson, Prof David Beard, Prof Jane Blazeby). The first of two new investigator talks presented learning points and experiences of running the RECOVERY trial as a principal investigator at UHBWT (Dr Joanna Willis). The evening course dinner was a good opportunity to round up the first day with a chance to meet other course delegates.

Day 2 started with two presentations that introduced alternative trial design (Prof Jonathan Cook) and feasibility trials (Dr Kerry Avery) before learning specific details of RCT outcomes and how to select, measure and report them (Prof David Beard). This was followed by a practical exercise to consolidate what delegates had learned in this session. Another insightful and inspiring journey from a new chief investigator was presented before lunch (Miss Deena Harji). The afternoon was concluded by a presentation and workshop that conveyed useful knowledge about statistics in RCTs, such as power and sample size calculations as well as interpretation of trial results (Prof Chris Rogers).

Day 3 was the final day of the course which began with useful practical tips on trial conduct from the perspectives of a member of the Bristol Trials Unit, including processes and governance procedures that need to be considered (Dr Lucy Culliford). Delegates also learned how to assure consistent quality in RCTs (Miss Natalie Blencowe) and what to consider when applying for funding for RCTs (Prof Mike Whitehouse). With a few ‘sweet’ encouragements, recaps on learning points from each day through questions from and for delegates fostered motivation and reinforced knowledge.

The Dragons Den group presentations at the end of Day 3 deserve a special mention. As part of this, delegates were put into groups by the organising team on Day 1. Over the course of the three days, each group had to design and eventually pitch their idea for an RCT to a panel consisting of four independent experts (the "Judges"). A total of five group work sessions were built into the daily course programme which allowed delegates to consider and incorporate newly acquired knowledge throughout the course. Experienced mentors from the organising team helped guide delegates throughout this process. Lasting for approx. 2h, Judges listened to and scrutinised the groups' presentations to eventually reveal the winning team. The anticipation of prizes gave this exercise a competitive edge, however, everyone benefitted from this experience which provided an insight into the challenges and complexities of designing and justifying an RCT.

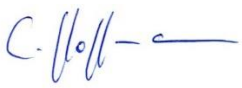
During the many sociable lunch and coffee breaks, I had the opportunity to ask other delegates what they thought of the course and received overwhelmingly positive responses, such as the ones below:

"I think it's really good. I was recommended this course by another surgical trainee who attended a few years ago. I think it's absolutely brilliant."

"I have so many ideas [for trial design]. I now have the skills to implement them, but just need to find the time to put it all into practice."

Personally, I felt that the course structure and organisation created an extremely conducive learning environment which was further supported by the diversity and expert knowledge of speakers, topics and tasks. For many, this was the first face-to-face course attended since the start of the pandemic and it was certainly a safe but also intimate learning atmosphere. I particularly appreciated the enriching opportunity to speak to medical/surgical trainees from a variety of backgrounds. For me, BOSTiC had a really positive impact, evident by the fact that there was a sustained reflection on the contents conveyed. I am in a fortunate position to be able to discuss and put into practice elements of the course with colleagues and projects at the Centre for Surgical Research. Ultimately, I believe that knowledge "really did stick".

I am looking forward to the opportunities to mentor at the next BOSTiC courses,



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